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APPLICANTS

Andrew J. Denardo, Carmel, IN;
 David A. Ferrera, Manhattan Beach, CA;
 Peter Wilson, Foster City, CA; Lok A. Lei, San Jose, CA;

** CONTINUING DATA *****
 This application is a CON of 09/590,793 06/08/2000 PAT 6,656,218) yes, ✓
 which is a CIP of 09/122,243 07/24/1998 PAT 6,165,194

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/09/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials <i>VL</i>	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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ADDRESS
 24201
 FULWIDER PATTON LEE & UTECHT, LLP
 HOWARD HUGHES CENTER
 6060 CENTER DRIVE
 TENTH FLOOR
 LOS ANGELES, CA
 90045

TITLE
 Intravascular flow modifier and reinforcement device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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